

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-Elect ClusenIMPORTANT: Indicate by # type of committee you are reporting for: 4(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other
Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political
Subdivision PAC (11) Local Ballot Issue**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Larry D. Clusen

NOV 18 2004

Political Party (if applicable)

Demo

Office Sought

County Supervisor - Woodbury County

District (if Senate or House)

FORM

DR-2

(Rev. 07/2004)

DISCLOSURE
REPORT**For Office Use Only**

Comm. #

17719

Logged In

db

Scanned

Computer

db

Audited

Late reports are subject to
possible civil and criminal
penalties.

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A

11/9/05 - Final

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1☐ CHECK IF AMENDMENT TO REPORT DATED _____☒ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

11/2/04County & Local Committees, enter County in
which Election is heldWoodbury**STATEMENT OF CASH ON HAND**CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the
committee. This amount **MUST** be the same as the cash on hand at the end
of the last reporting period or must be zero if this is first report filed.)\$ 1106.66**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

859.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

1965.66**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1010.16

Schedule F: Loan Repayments total (Attach Schedule F)

955.50CASH ON HAND at the end of this reporting period (if final report balance must
be zero) (Attach DR-3)\$ 0

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 0

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 0

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 0**CANDIDATE COMMITTEES ONLY:**

CONSULTANT BREAKDOWN (Schedule G Attached?)

☐ YES☐ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-elect Clausen

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/14/04	ID# CK#	Maurice Welke 2014 Rowdable Rd Sgt. Bluff Iowa		\$ 25 ⁰⁰	✓
10/16/04	ID# CK#	Thomas G. Pratt 4400 Sergeant Road Sioux City, Iowa 51106		35 ⁰⁰	✓
10/16/04	ID# CK#	Paul Trett 4420 Mueller Way Sioux City, Iowa 51106		20 ⁰⁰	✓
10/14/04	ID# CK#	Gary L. Walters 5504 Wild Rose Ln. Sioux City, Iowa 51106		20 ⁰⁰	✓
10/16/04	ID# CK#	Thomas L. Peterson 816 E St. Andrews Dakota Dunes, SD 57049		100 ⁰⁰	✓
10/16/04	ID# CK#	Lark T. Baker 4820 Sunnybrook Drive Sioux City, Iowa 51106		100 ⁰⁰	✓
10/16/04	ID# CK#	Cash Fundraises Contributions of less than \$25		309 ⁰⁰	✓
10/24/04	ID# CK#	Rick Schneider 10 Heritage Place Sioux City, IA 51106		50 ⁰⁰	
10/24/04	ID# CK#	Todd Clausen 1504 Buchanan Ave Sioux City, Iowa 51106	son	50 ⁰⁰	
10/26/04	ID# CK#	Shirley Sherman P.O. Box 2716 Sioux City, IA 51106		100 ⁰⁰	
SUB-TOTAL				\$ 809	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-elect Cluser

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/26/04	ID# CK#	Earle Brueskin 6180 Paseo Palero Cockeysburg, CA 92009		\$ 50 ⁰⁰	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$ 50

TOTAL (if last page of this schedule)

\$ 859

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/16/04	ID# CK#	Lewis Bowl	Hall rental for Fundraiser	\$ 300.00
10/16/04	ID# CK#	Sgt. Bluff Advocate		\$ 168.00
10/13/04	ID# CK#	Muskegon Record		
10/21/04	ID# CK#	S.C. Journal	Newspaper Ad	\$ 542.16
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1010.16
TOTAL (if last page of this schedule)				\$ 1010.16

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-Elect Clusen

SCHEDULE

F

(Rev. 07/03)

LOANS
RECEIVED
& REPAY☐ CHECK THIS BOX IF
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 1,000.00**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$ _____

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
11/15/04	Larry D. Plouse 1502 Buchanan Ave Sioux City, IA 51106	Self	\$ 955.50 955.50

TOTAL CASH REPAYMENTS (PART II) \$ ~~955.50~~ 955.50From Schedule E -- TOTAL LOANS FORGIVEN \$ ~~955.50~~ 44.50TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ ~~955.50~~ 44.50

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(for Schedule F)